

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-013146

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary, Registration District No.

1003

Registrar's No.

3610

STATE FILE NUMBER

FILED APR 8 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS IN THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

REASON  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN ST. LOUIS, MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3929 WESTMINSTER		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last JOHN COULTER						4. DATE OF DEATH Month Day Year MARCH 12, 1963					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-28-98		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) IND.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME GEORGE COULTER				13b. MOTHER'S MAIDEN NAME NANCY				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1941				16. SOCIAL SECURITY NO.		17. INFORMANT Address ST. LOUIS CITY HOSPITAL					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute sclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <i>Coronary atherosclerosis</i> DUE TO (c) <i>marked congestive heart failure</i>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cellulitis of R leg. 4201</i>											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION				COUNTY		STATE			
21. I attended the deceased from 3/6/63 to 3/12/63 and last saw her alive on 3/12/63 Death occurred at 8:26A.m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Thomas J. Ridgen MD</i>				(Degree or title)				22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 3/12/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-31-63		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board				23d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
24. FUNERAL HOME Richard Aker Mortuary Service 4104 Manchester Ave.						25. DATE RECD. BY LOCAL REG. MAR 29 1963		26. REGISTRAR'S SIGNATURE <i>Lois Smith M.D.</i>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or, by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.